## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
Ellison for Co	ngress	
ADDRESS (number and	PO Box 6072	
(Check if address is changed)	Minneapolis	MN 55406 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-mail address)  info@keithellison.org	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	http://www.keithellison.org	
2. DATE 0.8  3. FEC IDENTIFICA  4. IS THIS STATEM	1 2 2 0 0 9  TION NUMBER C C00422410	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct ar  Treasurer  Carla Kjellberg	nd complete
Signature of Treasurer	Electronically Filed by Carla Kjellberg	Date 08 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this State	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	